

## AMERICORPS ENROLLMENT FORM



Completion of this form is required to enroll an AmeriCorps member in the National Service Trust, making the member eligible for an education award upon successful completion of his or her term of service. It also provides the Corporation for National and Community Service with basic demographic data.

## **DIRECTIONS TO MEMBER:**

- 1. Use blue or black ink.
- 2. Print clearly.

- 3. Please complete and sign Part 1 and Part 2.
- 4. Return the completed form to your **Program Director.**

PAF	RT 1	Memb	er: Please Comple	ete and Sign				
1.	Name							
	Last		First		MI			
2.	Date of Birth		3. Social Security Number					
	Month	Day Year						
4.	Citizenship Status	☐ U.S. Citizen	☐ U. S. National	☐ Lawful Perm	nanent Resident Alien of the United State			
[	High School Status:  ☐ I have received a high school diploma or its equivalent. or ☐ I agree to obtain a high school diploma or its equivalent before using my education award, and I did not drop out of elementary or secondary school to enroll in the program.							
I	Males 18-26 years old not yet registered with the Selective Service System: If you would like the Corporation for National and Community Service to provide the information on this page to the Selective Service System so that the agency may register you, please check this box. □							
7.	Current Address (All information will be sent to you at this address until you notify the Corporation of a change of address.)							
Ī	Number and Street							
-	City		State	Zip Code				
Ī	E-Mail Address				_			
	Home Phone		Business Phone	Ext				
8.	Permanent Address (Name and address of person through whom you can always be reached once you leave the program.)							
-	Last	Fir	st	MI	_			
-	Number and Street							
(	City		State	Zip Code				
- 	E-Mail Address				_			
- I	Home Phone		Business Phone	Ext				

I understand that a knowing and willful false statement on this form can be punished by a fine or imprisonment or both under Section 1001 of Title 18, U.S.C.

Public reporting burden – Estimated time to complete this form, including time for reviewing instructions and gathering and providing the information needed to complete the form, is 3 minutes for the Member section and 4 minutes for the Certifying Official section. Send comments regarding this burden or the content of this form to: Corporation for National and Community Service, National Service Trust, 1201 New York Avenue, NW, Washington, DC 20525. The Corporation informs the potential persons who are to respond to this collection of information that such persons are not required to respond to the collection of information unless it displays a currently valid OMB control number on this page of the form (see 5CFR 1320.5(b)(2)(1)).

OMB Approval No.: 3045-0006 Expires 04/30/2007

1.	What is your gender?			
	☐ Female	7.	Are you a veteran of the United States Armed Forces?	
	☐ Male		☐ Yes	
			□ No	
2.	Are you registered to vote?	8.	What are the two most important reasons why you	
	☐ Yes ☐ No	0.	decided to join this program?	
			☐ To get an education award	
	□ Not sure		☐ To help other people/perform a community service	
	□ Not eligible		☐ To be part of a national movement	
	☐ Prefer not to respond		☐ To get a job/earn money	
3.	(Optional) Which of the following categories best		☐ Friends have joined	
٠.	describes your racial or ethnic origins? (Mark one or		☐ To make friends	
	more from A and one from B)		☐ To learn about or work with different	
	A. Race		ethnic/cultural groups	
	American Indian or Alaska Native		□ Parents/teachers wanted me to join	
	☐ Native Hawaiian or Other Pacific Islander		-	
	☐ Black or African American			
	☐ White		☐ To get involved in health issues	
	☐ Asian		☐ To get involved in education issues	
	☐ Other		☐ To get involved in environment issues	
	B. Ethnicity		☐ To get involved in public safety issues	
	☐ Hispanic origin		Other (Specify:)	
	☐ Not of Hispanic origin	•		
	□ Not of hispanic origin	9.	How did you hear about this program? (Mark all	
١.	Which one of the following best describes your		that apply.)  ☐ Read about it in an article	
	marital status?		_	
	☐ Single, never married		Saw an advertisement in a newspaper/magazine	
	☐ Married, living with husband/wife		☐ Guidance counselor/teacher	
	☐ Married, not living with spouse/legally separated		☐ Parent/relative	
	☐ Widowed		☐ Current or former AmeriCorps Member	
	□ Divorced		☐ Friend told me/friend applied	
	☐ Prefer not to respond		☐ Heard about it on TV commercial	
	- Trefer not to respond		☐ Heard about it on radio commercial	
5.	What is the highest level of education you have		Heard about it on the internet	
	completed?		☐ Heard about it from an AmeriCorps recruiter/	
	☐ Less than high school completed		representative	
	☐ GED		☐ Received information in the mail	
	☐ High school graduate		☐ AmeriCorps Program	
	☐ Technical school/apprenticeship/vocational		□ Poster	
	☐ Some college		Other (Specify:)	
	☐ Associates degree (AA)			
	☐ College graduate	10.	Have you ever previously enrolled in an AmeriCorps	
			program? □ Yes □ No	
	☐ Some graduate school		If so, how many times:	
	☐ Graduate degree	11.		
	☐ Professional degree (medical, law)		Have you ever been released 'for cause' from a term of service by this or any other AmeriCorps program?	
ô.	Do you have a disability?		☐ Yes ☐ No	
	☐ Yes (Specify:)			
	□ No			
	☐ Prefer not to respond			

Member: Please Answer the Following Questions

Privacy Statement – In compliance with the Privacy Act of 1974, the following information is provided. The collection of this information is authorized by the provisions of the National and Community Service Act as amended by the National and Community Service Trust Act of 1993. The primary purpose of the information is to obtain from AmeriCorps program representatives their data to successfully enroll a member in a term of service and the education award program. The evaluative information will help the Corporation improve its programming and services to members. Except as indicated here, information will not be disclosed outside the Corporation without written permission. The Internal Revenue Service has determined that the education award is taxable in the year it is used. Your Social Security Number (SSN) is solicited under the authority of the Internal revenue Code (28 U.S.C. 6011© and 6109) for use as a taxpayer identification number. Failure to disclose the SSN or any other information may result in a denial of your receiving an education award or it may delay the processing of your education award.

Section 1001 of Title 18. U.S.C.

1. Use blue or black ink. 2. Print clearly.	Please complete and sign Part 3.  f you are using WBRS or ESPAN, please provide he form to whomever enters data into hat database for your program.		
PART 3 Certifying Office	cial: Please Complete and Sign		
This section must be signed by an authorized certifying off	fficial. The program must designate certifying officials.		
<ol> <li>Type of Enrollment (Mark only one.)         <ul> <li>Full-time (1700 hours per year or 365 days for VISTA)</li> <li>Half-time (900 hours in up to 2 years)</li> <li>Reduced half-time 675 hours</li> <li>Quarter time 450 hours</li> <li>Minimum time/Summer 300 hours</li> </ul> </li> <li>Is the member enrolling in an AmeriCorps education as only position (i.e. received no Corporation-funded living allowance or benefits)?             <ul> <li>Yes</li> <li>No</li> </ul> </li> <li>Will the member receive a living allowance?</li> </ol>	5. Type of Program  AmeriCorps National Direct  AmeriCorps State  AmeriCorps Tribe  AmeriCorps Territory  MeriCorps National Civilian Community Corps  AmeriCorps Education Award Program  AmeriCorps Promise Fellows  AmeriCorps America Reads		
☐ Yes ☐ No  6. Program Information	<ul> <li>☐ AmeriCorps Governor's Initiative</li> <li>☐ Other (Specify :)</li> </ul>		
Name of Program or AmeriCorps*NCCC Campus	Operating Site I.D. Number		
value of Frogram of Americorps NOOC Campus	Operating Site 1.D. Number		
Address			
City State Zip			
Phone Number			

Date\_

Member Social Security Number \_\_\_

Signature of Certifying Official \_\_\_

I understand that a knowing and willful false statement on this form can be punished by a fine punished by a fine or imprisonment or both under Section 1001 of Title 18. U.S.C.

Name of Certifying Official (Please Print):\_\_\_\_\_